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ABSTRACT

Described is the program of the Georgetown Adolescent Intervention Team (Washington, D.C.), which provides interdisciplinary evaluations and diagnoses, and identifies appropriate alternative placements for developmentally disabled juvenile offenders (10-16 years old and older). The program is discussed in terms of a review of procedures for dealing with the juvenile offender, establishment of the program, the program's relationship with local agencies (such as the juvenile justice system), and the development of an interdisciplinary training and technical assistance program (which included planning, training, and replication phases). (SBH)

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THE GEORGETOWN ADOLESCENT INTERVENTION TEAM

TRI-STATE TECHNICAL ASSISTANCE AND TRAINING PROJECT

University Affiliated Program for

Child Development

Community Services Division

November 1976

E009300

The Georgetown Adolescent Intervention Team

Introduction

In recognition of the fact that identification, evaluation and habilitation is of great significance to the developmentally disabled juvenile offender whether that person is before the court or already committed to a juvenile institution, the Georgetown Adolescent Intervention Team (G.A.I.T.) was established to provide indepth interdisciplinary evaluations and diagnoses and to identify appropriate alternative placements for this population. This team has been functioning as an interagency service component, incorporating the expertise of the Project on Law and the Developmentally Disabled at Georgetown Law Center, the Information Center for Handicapped Individuals, and the Georgetown University Affiliated Program for Child Development.

Background and Present Program Description

For years, juvenile delinquency and the behavioral symptoms exhibited by youngsters labelled "delinquent", has been a source of great concern, as well as bewilderment regarding appropriate action. This controversy has centered on the "voluntariness" of the juvenile offender's behavior. For many years it was assumed that delinquent behavior was primarily the result of personality or psychosocial disturbances originating in early childhood. More recently, advances in neuropsychology and the psychology of perception have led to studies showing recognizible syndromes of behavior which have been implicated as significant causes of some behavioral disturbances. (Laufer, et.al. 1957 - hyperkinetic impulse disorder.) However, if, as happens too frequently, the behavior is considered to be purely psychological in origin, it often leads to ineffective

treatment and improper rehabilitation plans.

Current evaluation procedures are minimal or non-existent. Most incoming juveniles are given routine medical examinations. This may include a psychiatric examination with an abbreviated battery of psychological tests, including an intelligence test and a few projective tests. These evaluations aim at determining the individual's intellectual and personality status. If examination indicates a neurological disturbance or perceptual disorder, the juvenile facilities will be unable to provide the detailed evaluation which is necessary to determine alternative dispositions of the case or appropriate services.

In 1967, the President's Commission on Law Enforcement and the Administration of Justice recognized the need for procedures ". . . to identify and divert from the criminal process, mentally disordered or deficient persons . . ." [1] Thus, the Commission recommended:

> Early identification and diversion to other community resources of those offenders in need of treatment, for whom full criminal disposition does not appear required. [2]

Unfortunately, this recommendation and others recommended by the Commission have not been implemented in state juvenile justice systems. The need for evaluation and diagnosis is critical in the guilt phase of the juvenile process to determine the youth's capacity to stand trial. It is equally important in the sentencing phase to determine appropriate disposition and placement. Efforts must also be directed at overcoming the situation where "[m]ost of the decision makers [lack] even elemental knowledge of what mental retardation is and how it is diagnosed . . ." [3]

Identification, evaluation and habilitation are also significant to the developmentally disabled juvenile offenders who are currently committed to juvenile institutions. Perhaps as much as 10% of the penal population are mentally retarded though the variety of testing instruments probably leaves many cases undiagnosed. Less than half have any specialized programs and most of these are restricted to vocational rehabilitation. In fact, a developmentally disabled offender may be foreclosed from these special programs precisely because because of his disability. [4] This unavailability of effective evaluation and institutional resources emphasizes the need for alternative placements. Finally, the retesting of the offender may be infrequent thus depriving the person of any adaption of their program to their changing needs. The overall tendency is to reject retarded offenders from special programs and handling. Clinics for the identification and evaluation of the developmentally disabled offender are essential to reversing this trend.

G.A.I.T. - Program Description

In September, 1975, the Community Services Division of the the Georgetown University Affiliated Program for Child Development in collaboration with the Information Center for Handicapped Individuals (a Washington D.C. clearinghouse and referral center for the developmentally disabled) developed a program designed to serve adolescents involved with the District of Columbia juvenile court system. The Georgetown Adolescent Intervention Team (G.A.I.T.) has served developmentally disabled adolescents involved in juvenile proceedings by identifying alternate placements based on interdisciplinary evaluation and diagnosis.

GAIT is composed of representatives from the following Medical Center disciplines: Psychology, Nursing, Social Work, Education, Adolescent Medicine and Community Services. In addition, the Project on Law and the Developmentally Disabled at Georgetown Law Center is represented by its Deputy Director, who is an attorney. The Information Center for Handicapped Individuals is also actively involved in the team process.

At the present time, GAIT meets on a bi-weekly basis. At the meetings cases are presented, acceptibility ascertained, and evaluations scheduled. Once a case has been accepted by GAIT, specific evaluations are scheduled if the team determines they are necessary. Following the evaluations all cases are given a multidisciplinary staffing. At this staffing, recommendations are made by team members, and results of evaluations determined. A formal report including written evaluations is prepated for the court's consideration.

Since the program began last fall, GAIT has received approximately 75 referrals. 45 cases were accepted and interdisciplinary screenings performed in approximately 35 cases. Additional evaluations recommended by the team were performed by the following disciplines at the Georgetown Medical Center: Neurological Examinations, Audiological Assessments, Nutritional Evaluations, and Psychiatric and Opthalmological consultations.

The Problem - Local

The Georgetown University Affiliated Program for Child Development has already begun to interface with the District of Columbia's juvenile justice system in evaluating and diagnosing youthful offenders who appear to have a developmental disability. Numerous problems are encountered during the initial screening and evaluation process. Most often these problems include inadequate,

inappropriate, or undelivered educational services.

Educational services play a critical role not only in the educational development of the individual, but in the probability that an individual will be the subject of juvenile court proceedings. Even the most cursory review of GAIT's files indicates the school system has failed to provide appropriate educational services especially for those individuals who have a developmental disability such as mental retardation.

These practices of neglect and policies of exclusion permit the school system to redistribute its legal responsibility for educating youth to the juvenile justice system. The juvenile justice system thus inherits a history of neglect where evaluations have been inadequately performed and appropriate placements ignored. The need for identification and evaluation in the juvenile justice system is imperative if this pattern of neglect is to be reversed and the developmentally disabled offender actively assisted.[5]

Intervention, by a team approach, to identify, screen, diagnose and treat the developmentally disabled youthful offender becomes the responsibility of all agencies, be it school system, social rehabilitation agency, social service agency or an advocacy group. To provide the full range of services necessary to support and maintain the youthful offender in the community, it is vital that linkage to existing community agencies be an integral component of intervention.

Through the Georgetown Adolescent Intervention Team, the UAPCD has had first hand experience with the failures of the various service providers and the educational system to serve the developmentally disabled youthful offender. Developmentally disabled

persons are a part of the general population at any corrections institution. However, it is not uncommon for the developmentally disabled youthful offender to escape recognition during the guilt or sentencing phase of a trial. Education of the judiciary and concerned professionals will help minimize this oversight.

In Washington D.C., Statistics from the Social Services Division of the Superior Court show that from March through May, 1976, 3409 referrals were made by the juvenile division of the court. Of these referrals, 2100 youngsters were referred to Community Agencies for services such as narcotic treatment, employment or job training, etc. 577 juveniles were referred to agencies offering "Psycho/Psychi evaluation and/or treatment". This means that only a little more than one quarter (27.5%) of new referrals were for these kinds of evaluations. When this figure is reduced by the number of clients who failed to report (55) then it is only 25% who received any evaluations. The greatest proportion (213) of these children were referred to the D.C. Superior Court Child Guidance Clinic, for psychological evaluation only. In March, 1976 that facility had a waiting list of 135, in April 84, and in May 87. Thus a significant delay preceeds even this limited evaluation; most of the youngsters who are in need of other kinds of evaluations, such as educational, medical, etc. never receive this service before the court disposes of their case.

Analysis of GAIT's case load indicates that these young offenders are all experiencing difficulties in school. Not one has tested at the proper age/grade level. Statistics for the youngest group evaluated (10 - 12 years), show the smallest age/grade level gap.

However, once we analyze the 13 - 15 year olds we find an increasingly greater gap. All youngsters in this group are assigned to 6th, 7th or 8th grade in school, yet their evaluations indicate that they are not functioning with any basic academic skills at the top level of 6th grade. Of those 16 years old and above, currently attending school, none are placed any higher than the 8th grade level, and evaluation shows functioning from the kindergarten level to a top level of 4th grade in some skills. One 17.4 year old was educationally evaluated to be functioning with skills ranging from the 5th to 10th grade level. He had dropped our of school in the 8th grade.

For all three age groups intellectual functioning has ranged from a full scale I.Q. score of 48 to a high of 93.

It is already evident tha many of the youthful offenders who are evaluated by the GAIT have long since been denied the educational, psychological, medical and vocational evaluations needed to implement their legal rights and to develop their maximum potential as responsible members of sociéty.

The Plan and Procedure

The Georgetown University Affiliated Program for Child Development seeks to develop an interdisciplinary training and technical assistance program in a tri-state area that will begin a process of identification, evaluation and intervention with the youthful offender who is developmentally disabled.

Two additional states (other than the District of Columbia) would be assisted to collect data on the magnitude of the problem; train community professionals having contact with, and planning programs for, developmentally disabled young offenders; establish logistically appropriate interdisciplinary diagnostic and evaluation teams; and develop vechicles for delivery of needed educaitonal and vocational services and remediation to the developmentally disabled population in their states. States region-wide would have the opportunity to take advantage of consultation and technical assistance based upon an expanding bank of expertise gained over the past year by the GAIT as they move toward implementation of identification and treatment services for the developmentally disabled juvenile offender. Additionally, the growth and knowledge and experience which will undoubtedly accrue to the GAIT as it analyses the unique problems and needs of other states will be of significant value in continuing to better meet the needs of the District of Columbia's developmentally disabled population.

Planning Phase

(1) Expansion of current diagnostic and evaluation models in the District of Columbia to include full service interdisciplinary, interagency package for servicing the developmentally disabled young offender.

(2) Training professionals in the community who have potential contact with developmentally disabled youthful offenders. These professionals would include probation officers, attorneys, judges, school and training staff at detention facilities in the recognition of developmental disabilities and the availability of evaluation and referral services. The purpose of this program will be to expand the scope of identification.

(3) Provide technical assistance to the District of Columbia Developmental Disabilities Council in their supervisory and monitoring function over the various agencies which provide services to the developmentally disabled juvenile offender.

(4) Data Collection

(5) Preparation of a "Primer" on the youthful offender with developmental disabilities.

Training Phase

(1) Provide training and technical assistance to the State Developmental Disabilities Councils in West Virginia and Virginia in respect to:

(a) regional interdisciplinary teams for the early identification of developmentally disabled young offenders in each state;

(b) model delivery system for screening, evaluation and intervention services for the developmentally disabled juvenile offender in their states;

(c) a network of intra-state training programs designed to reach the community agency personnel who will be in a position to assist with early identification of the developmentally disabled young offender;

(d) a uniquely appropriate model for delivery of educational and psychological intervention services to the identified population through each state's public educational and vocational rehabilitation system.

Replication Phase

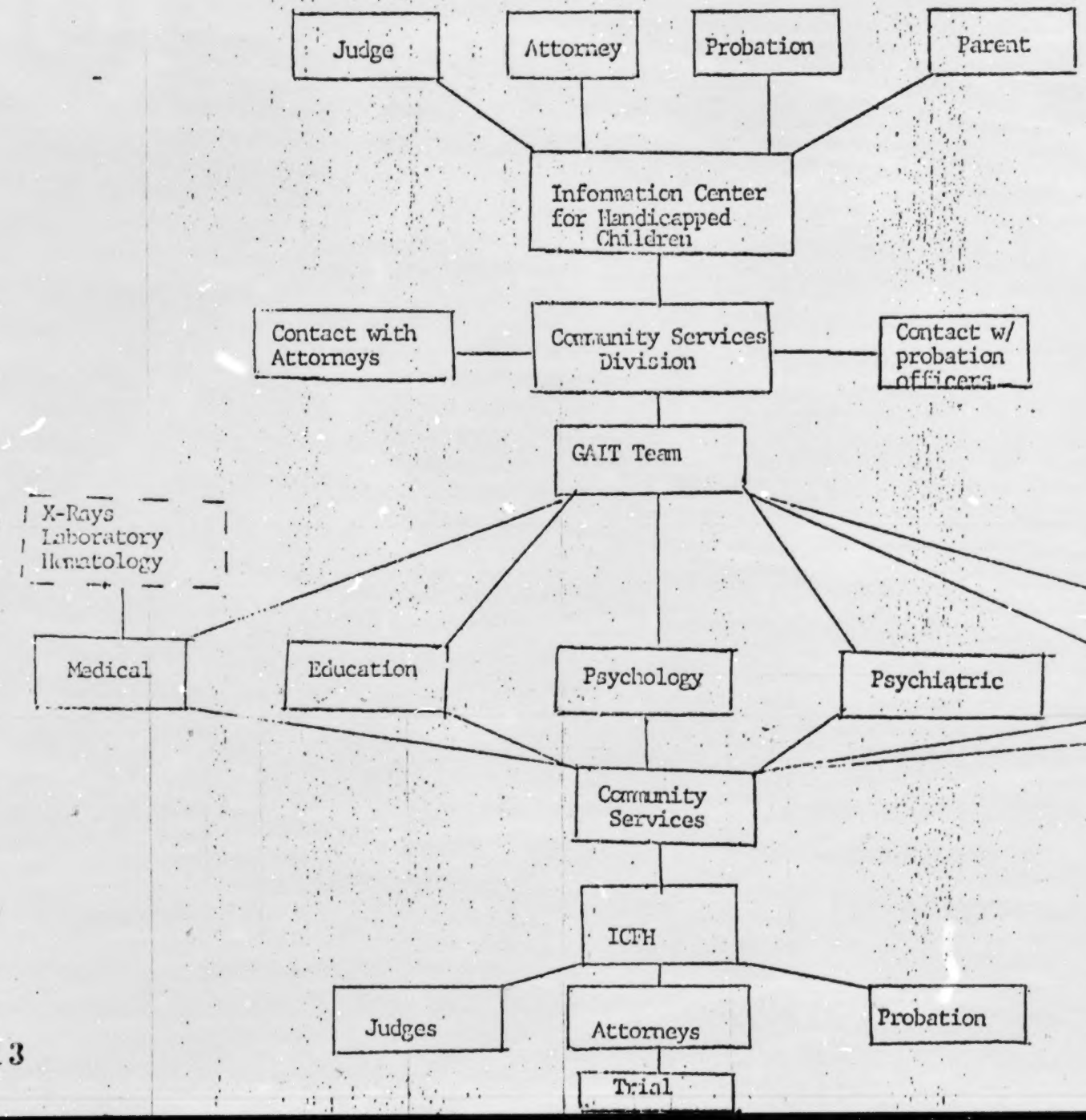
(1) Provide ongoing technical assistance and consultative services to the District of Columbia, Virginia and West Virginia to ensure the continued operation of their independent programs.

(2) Provide technical assistance to other state Developmental Disabilities Councils who wish to replicate the developed model for the identification of the developmentally disabled young offender and appropriate intervention.

(3) Dissemination of model for interdisciplinary, interagency identification and intervention with developmentally disabled young offenders.

(4) Dissemination of training materials such as the Primer.

Organization of Georgetown UAPCD Adolescent Team *



* The GAIT team meets on alternate Thurs at the Bles Bldg. Georgetown Univ.

other evals such as Speech & Language, Nutrition, etc. can can be scheduled as needed.

Appendix